



**Testimony of Cheryl Hoey, RN,
Vice President of Clinical Services and Chief Nursing Officer,
Connecticut Children's Medical Center
to the Public Health Committee
regarding *SB 968, An Act Concerning Reports Of Nurse Staffing Levels***

March 15, 2013

Senator Gerratana, Representative Johnson, members of the Public Health Committee, thank you for the opportunity to share my thoughts with you today. *Senate Bill 968, An Act Concerning Reports of Nurse Staffing Levels*, would require hospitals to submit to the Department of Public Health annual reports on prospective nurse staffing plans and quarterly reports of actual daily nurse staffing levels by numerical staff-to-patient ratios for registered nurses, licensed practical nurses, and registered nurses' aides as defined in Section 20-102aa of the Connecticut General Statutes.

Connecticut Children's is the only hospital in the state that cares exclusively for children and it is a critical asset to all of us in Connecticut. As a center for vital research, a pioneer in new treatments, a trailblazer in advanced technology, and a teacher of future pediatric professionals, Connecticut Children's is advancing the health and wellness of all of our children, and fostering a healthier future for our state.

All children should have the health care they need to grow and learn. Connecticut Children's offers the full spectrum of pediatric medical care to children from each of Connecticut's 169 cities and towns. On a typical day at Connecticut Children's more than 1,000 people will walk through our doors, more than 153 children will visit the Emergency Department, and almost 40 children will undergo surgery.

Connecticut Children's opposes SB 968 because it would have no meaningful effect on the continuous delivery of safe, quality care, but it would impose an unnecessary administrative burden. Like all hospitals in the State, Connecticut Children's is committed to providing the highest quality care to achieve optimal patient outcomes. We are intensely engaged in building and sustaining an organizational culture of safety and we employ high reliability strategies and evidence based practices to prevent patient care complications and ensure the best patient experience.

We believe that SB 968 will not accomplish meaningful patient care quality goals and that the public is better served through initiatives directed toward achieving positive patient outcomes, such as keeping pressure ulcer rates down or assistance in preventing patient falls. We urge you to support initiatives that meaningfully contribute to adequate resources for the provision of quality care, rather than impose an unnecessary administrative burden on hospitals that will only draw upon the precious time of staff members who we need focused on patient care. As you can see by our volumes and activity, keeping highly skilled nurses and nurse administrators focused on patient care is of utmost importance.

The reporting that would be mandated by SB 968, which focuses on a gross numeric staff-to-patient ratio, would not reflect the complexity and dynamic nature of hospital staffing, and would provide no insight or benchmark for improvements. This is simply counting; it is an unsophisticated and outdated measure unrelated to any patient care goal. Nursing professionals at Connecticut Children's continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition (acuity), age, cognitive and functional ability, scheduled procedures, stage of recovery, and parental involvement. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

In addition, consideration is given to situational factors such as technology needs and availability, and physical layout of the patient care unit. The assessment of a combination of these factors and the judgment required to make staffing decisions cannot be articulated in a quarterly report. To accommodate changes in census, acuity, and the specific care needs of patients, hospital staffing levels and skill mix are constantly adjusted throughout the day. Quarterly reporting of numbers and ratios, again, cannot provide an accurate reflection of actual staffing levels. In addition, and most important, numbers alone are not reliable indicators of quality, and there is no scientific evidence to support a specific optimum nurse-to-patient ratio for acute care hospitals.

Along with our colleagues at the Connecticut Hospital Association, we will continue to work with state agencies, healthcare providers, and educational institutions to ensure that Connecticut's citizens receive the best care in the midst of healthcare transformation, workforce shortages, and limited resources.

We urge you not to support SB 968. Thank you for consideration of our position. If you have questions or need additional information, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557 or jbaird@connecticutchildrens.org.